

IMPORTANT: IT IS IMPORTANT THAT YOU CAREFULLY REVIEW THIS GRANT APPLICATION. THIS FORM DIFFERS IN CONTENT AND FORMAT FROM OUR PREVIOUS APPLICATION SO PLEASE ONLY RELY AND ANSWER THE INFORMATION CONTAINED IN THE FOLLOWING PAGES.

PAGE ONE OF SEVEN

**FISCAL YEAR 2000 GRANT APPLICATION FOR THE
CALIFORNIA CIVIL LIBERTIES PUBLIC EDUCATION
PROGRAM**

PART A-SUMMARY OF GRANT APPLICATION

Title of Your Project:

1. What is the title of your project?

Description of Your Project:

2. What type of project are you interested in developing? Please describe it briefly in the space provided below.

Target Population:

3. Who is your target population?

PART B-APPLICANT INFORMATION

Applicant:

1. Please provide us with your name. If you are applying as an organization, write down the name of the organization.

2. Please provide us with the name of the person who will be administering the grant.

A) Name: _____
B) Title: _____
C) Address: _____
D) Telephone: _____
E) Fax Number: _____
F) E-Mail address: _____

3. If you are applying as an organization or consortia, please provide us with the name of the person responsible for the entire project.

Name: _____

Title: _____

PART C-PROJECT INFORMATION

Location:

7. Where will your project take place? (Specify town, school, etc.)

Cost:

8. What is the total cost of your project?

Time Frame:

9. What is the time frame of your project? (Particularly if you are conducting seminars and training sessions.)

PART D-BUDGET SUMMARY OF PROJECT

Chart:

10. Please fill in the chart below as well as a one-page attachment which should be listed as Attachment One explaining and supporting the breakdown of these figures:

	Amount Requested	Matching or In-Kind	Total
A) Salary			
B) Opening Expenses			
C) Materials			
D) Indirect Costs* <small>*(Does not apply to projects submitted by individuals)</small>			

Previous Funding:

11. Previous Funding - Have you received previous funding for this project? If so, please indicate the source and amount of your funding and the reason(s) why additional funding is needed.

PART E-PROJECT DESCRIPTION

Project:

What kind of project do you want to do? (Only use the space provided below.)

PART F-GOAL-IMPLEMENTATION

Implementation:

How do you plan to implement your project to reach your target population?
Please be specific as possible. (Only using the space below.)

PART G-SELF-EVALUATION

Evaluation:

Please inform us how you would evaluate the success of your project.

PART H-PROJECT PLANNING – ATTACHMENT TWO

Timeline:

Provide a one-year timeline from June 2000 – June 30, 2001 on a month by month basis as to how you plan to proceed with your project.

PART I-PERSONNEL – ATTACHMENT THREE

Provide a maximum one page profile on each person participating in the project. Highlight the skills needed to complete this project.

PART J-CONSORTIA – ATTACHMENT FOUR

Delegation of Duties:

This section only applies to those individuals who will be working in conjunction with other organizations to form one joint project. You are asked to submit a maximum one-page list of duties each organization will perform under the consortia. This needs to be submitted as Attachment Four.

CONSORTIA

A Consortia, for purposes of this Grant Application, is two or more organizations, (whether they be units of government or non-profit institutions and individuals), who will work together to produce one project. Each member of the consortia will be responsible for one or more specific areas to ensure that the project is completed on time and reaches the desired target population.

Consortia members will need to submit an Attachment known as Attachment Four clearly indicating what portion of the project of the project they will be responsible for. The budget should also be divided according to labor, expertise and implementation. This information should also be included in Attachment Four. This information should also be included in Attachment Four. All information submitted under this attachment can not exceed one page per member of the consortia.

PART K-SIGNATURE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

By signing this Grant Application for the California Civil Liberties Public Education Program, (CCLPEP), it certifies that the information prepared in this Grant Application is true and accurate to the best of your knowledge, and that if you are awarded a grant, that the applicant will agree to comply with all applicable state procedures as requested by state law and any regulations set forth by the California State Library.

Signature of Authorized Representative: _____

Date: _____